

# Food And Fluid Intake Record Chart For Nursing Home Residents



If any of your residents have a MUST\* score of 1 (medium risk), it is recommended that a 3-day food and fluid intake record is kept. Below are a few tips on how to complete this record. For patients with a MUST score of 2 or more a direct referral to a dietitian is recommended.<sup>1</sup>

## **Tips to complete an accurate food and fluid intake record**

1. Record all food and fluids consumed over 3 consecutive days.
2. Ensure that all meals, fluids and snacks are recorded, even if it's just a handful of sweets.
3. Record quantity and portion size of meals consumed in as much detail as possible, for example; bowl of porridge with whole milk and 1 teaspoon of sugar or two slices of white bread with full fat butter.
4. Fill in records at the end of each meal time, not at the end of the day. This way you can see what food is left on the plate, and you will be recording more accurately.
5. If any oral nutritional supplements are taken, record the amount consumed as opposed to the amount given.

When form is completed please send with dietetic referral form to  
[dieteticreferrals@fresenius-kabi.ie](mailto:dieteticreferrals@fresenius-kabi.ie)

# Food & Fluid Intake Record



|               |       |              |  |      |  |
|---------------|-------|--------------|--|------|--|
| Resident Name |       |              |  | Date |  |
| Day           | Day 1 | Nursing Home |  |      |  |

Record all food and fluid intake, including oral nutritional supplements. Give a careful description of quantities of portion sizes e.g. bowl of porridge, medium potato, slice of bread etc.

| Meal                | Please list all the food and fluid consumed | Quantity consumed |     |     |     | Completed by |
|---------------------|---|-------------------|-----|-----|-----|--------------|
|                     |   | 1/4               | 1/2 | 3/4 | All |              |
| Breakfast           |   |                   |     |     |     |              |
| Mid-Morning Snack   |   |                   |     |     |     |              |
| Lunch               |   |                   |     |     |     |              |
| Mid-Afternoon Snack |   |                   |     |     |     |              |
| Tea/Dinner          |   |                   |     |     |     |              |
| Evening Snack       |   |                   |     |     |     |              |

# Food & Fluid Intake Record



|               |       |              |  |      |  |
|---------------|-------|--------------|--|------|--|
| Resident Name |       |              |  | Date |  |
| Day           | Day 2 | Nursing Home |  |      |  |

Record all food and fluid intake, including oral nutritional supplements. Give a careful description of quantities of portion sizes e.g. bowl of porridge, medium potato, slice of bread etc.

| Meal                | Please list all the food and fluid consumed | Quantity consumed |     |     |     | Completed by |
|---------------------|---|-------------------|-----|-----|-----|--------------|
|                     |   | 1/4               | 1/2 | 3/4 | All |              |
| Breakfast           |   |                   |     |     |     |              |
| Mid-Morning Snack   |   |                   |     |     |     |              |
| Lunch               |   |                   |     |     |     |              |
| Mid-Afternoon Snack |   |                   |     |     |     |              |
| Tea/Dinner          |   |                   |     |     |     |              |
| Evening Snack       |   |                   |     |     |     |              |

# Food & Fluid Intake Record



|               |       |              |  |      |  |
|---------------|-------|--------------|--|------|--|
| Resident Name |       |              |  | Date |  |
| Day           | Day 3 | Nursing Home |  |      |  |

Record all food and fluid intake, including oral nutritional supplements. Give a careful description of quantities of portion sizes e.g. bowl of porridge, medium potato, slice of bread etc.

| Meal                | Please list all the food and fluid consumed | Quantity consumed |     |     |     | Completed by |
|---------------------|---|-------------------|-----|-----|-----|--------------|
|                     |   | 1/4               | 1/2 | 3/4 | All |              |
| Breakfast           |   |                   |     |     |     |              |
| Mid-Morning Snack   |   |                   |     |     |     |              |
| Lunch               |   |                   |     |     |     |              |
| Mid-Afternoon Snack |   |                   |     |     |     |              |
| Tea/Dinner          |   |                   |     |     |     |              |
| Evening Snack       |   |                   |     |     |     |              |